



Handbook

How to become

a European Certified Hand Therapist (ECHT)

- a handbook for candidates, advisors and assessors



September 2013

Introduction

The aim of this document is to help therapists who have already become certified or accredited Hand Therapists in a EFSHT member country to become a European Certified Hand Therapist (ECHT).

The document will show candidates how to apply for this award and the criteria required.

It will also give details on how the candidate's portfolio will be assessed. The purpose of the Portfolio is to provide evidence of the candidate's learning and reflections of this learning in relation to Hand Therapy.

Applicants must have:

- 5 years of clinical experience including 4000 clinical hours of Hand Therapy practice.
- Made significant contributions to the field of Hand Therapy.
- Achieved certification as a Hand Therapist at the national level. Educational and ethical standards will be set by these professional bodies.
- The portfolio must be presented in English.

Achieving European Certified Hand Therapist

The portfolio must contain an extended curriculum vitae, two case studies and relevant written statements / testimonies to back up evidence. An overview of the marking criteria used to assess the portfolio is provided from page seven onwards in this document. The candidate must achieve a score of at least 60% in both case studies and 60% in each section to be successful.

Two independent assessors will assess the portfolio. If the applicant is not successful the portfolio will be returned to the candidate with feedback on how to improve it. One further chance to reapply with this portfolio is permitted.

The EFSHT would like to thank BAHT for permission to base this document on work previously completed by BAHT members.

Fee structure

The registration fee for applying to be a European Certified Hand Therapist (ECHT) will be 250 euro.

This is to cover all assessor fees, administration costs and postage.

A detailed description of the EFSHT Process for obtaining an European Certified Hand Therapist (ECHT) can be found in the following table. Check boxes should enable the candidate and other parties to follow this process.

Checklist of ECHT actions and processes		Date completed	Date response received
1	Candidate completes self assessment to make sure he/she meets ECHT criteria.		
2	Applicant completes the initial application form online (www.eurohandtherapy.org)		
3	Following initial approval, the ECHT coordinator informs the candidate that he/she may submit a portfolio application and provides the name of an advisor to candidate if required.		
4	Candidate prepares portfolio using criteria in marking form.		
5	Candidate submits (regular mail) two copies of portfolio and the registration form to the ECHT coordinator. Application fee should be paid by bank transfer.		
6	The coordinator will send a copy to each of the assessors who will evaluate the portfolio using the marking criteria.		
7	The assessors send their assessment, within 6 weeks of receiving the portfolio, to the Independent Evaluator (IE). If disagreement between assessors exists the opinion of the IE is final.		
8	The IE makes a summary of both assessments and sends this to the ECHT coordinator		
9	Candidate is notified of the results by ECHT coordinator by 16 weeks after submission. This will be either PASS or RETURNED FOR REVISION. The candidate receives feedback.		
10	When revision is required candidates may resubmit ONE MORE TIME within 12 weeks.		
11	The amended portfolio will be evaluated by the same assessors and awarded PASS or FAIL.		
12	A candidate whose portfolio has FAILED at this stage and wishes to continue will have to return to the start of the process.		
13	It is the responsibility of an ECHT to re-certify after 7 years.		

Responsibilities & Portfolio

Responsibility of candidate within this process

- To support her/his claim with appropriate evidence. It is imperative that reflection on the learning experience is visible and clearly demonstrated throughout the portfolio as this will be an important element of the assessment. All work must be the candidates own work. Plagiarism will not be tolerated.
- To contact the advisor if one is allocated to them for support.
- To submit the portfolio within the agreed timescale.
- To follow guidelines within this document.
- To ensure original signed forms are sent with the application form and all testimonies. Please do not send any other original documents other than those stated.
- To sent two complete copies of the portfolio to the ECHT coordinator by regular mail. The candidate keeps a copy. **Paperwork cannot be returned.**

Responsibility of advisor within this process

- To answer queries on the process or refer back to the EFSHT as necessary.
- To discuss with candidates possible information to be included in extended curriculum vitae.
- To discuss with candidates possible case studies.
- To check draft copy of extended curriculum vitae and case studies noting errors and omissions. The advisor is not expected to read and review further versions.
- Please note that the ultimate decision on the final text lies with the candidate. The advisor is not held responsible for the submitted portfolio.
- It is advisable for the advisor to keep a copy of corrected text and to document issues discussed in case this is required at a later date.

Responsibility of assessor within this process

- It is expected that an assessor is a therapist who has been approved by the EFSHT and has a good command of the English language.
- The role of an assessor cannot be undertaken by an advisor.
- The role of an assessor is to assess objectively the portfolio using the assessment criteria provided.
- To evaluate the portfolio within the agreed timescale or to contact the ECHT coordinator if this is not possible.
- To provide written constructive feedback to the candidate on the front sheet of the marking criteria which will be passed to the candidate regardless of outcome.
- To be available to reassess the portfolio in the event of return for revision.
- To communicate during the evaluation process if this is deemed useful.

Responsibility of the Independent Evaluator (IE) within the process

- The IE makes a summary of both assessments and send this to the ECHT coordinator.
- If disagreement between assessors exists the opinion of the IE is final.

Portfolio

Each complete portfolio **needs to be organized and presented as a single document in a flexible folder or notebook and must contain:**

- The registration form
- An index
- The extended curriculum vitae, including evidence of significant contribution to field of Hand Therapy and promotion of specialism.
- Written statements and 3 testimonies
- One long case study
- One short case study

The Curriculum Vitae should begin with normal demographic data. The applicant is required to provide the information chronological order and use the following headings:

Professional Experience

- Postgraduate experience in Hand Therapy
 - ✓ Years of experience
 - ✓ Previous appointments, location of work, responsibilities and, where appropriate, reflections
 - ✓ Present work situation including clinical, educational and managerial responsibilities. This section gives the candidate the opportunity to reflect on their role/s alongside their clinical expertise including assessment and treatment skills.

Courses/Qualifications pertinent to Hand Therapy

- Qualifications and dates (university, etc.)
- Relevant courses, with subject/field and date(s) attended within approximately 5 years.

Where appropriate, practical evidence of the above e.g. certificates, programmes etc should be included in an appendix.

The assessors are looking for demonstration of learning from at least two courses attended. These can be included in the appendix alongside the relevant course.

Provide 2 examples of how attendance at courses has impacted your current practice of hand therapy. For each example include a short reflective summary of no more than 150 words.

Promotion of Professional practice/ sharing of expertise

- In-service training planning and involvement
- Teaching both within and outside work place
- Organisation of outside speakers or courses
- Publications

Where practical, evidence of the above e.g. programmes, feedback from attendees etc. should be included in an appendix. The assessors are looking for reflection of learning from the above.

Management Skills

- Experience in day-to-day management/ organisation of case loads within the Hand Therapy services
- Experience in supervising other staff e.g. students, support workers
- Experience in evaluation and audit pertinent to Hand Therapy.

Where practical, evidence of the above should be included in an appendix. The assessors are looking for reflection of learning from the above.

Personal Contribution to Development of Hand Therapy

- Personal statement by candidate
- Other evidence could be: a statement of research studies completed or presentations of research findings (publications and/or presentations at conferences)

The assessors are looking for reflection of learning from the above.

Written Statement / Testimonies

For evaluation purposes a written statement/ testimony should take the form of a short statement provided by someone who is able to judge the worth and quality of the applicant's work, experience and expertise. This may be illustrated by the description of observation of particular incidents.

The testimony must be on official letterhead paper and provide the name, position and title of the person who has compiled the testimony and be signed and dated by that person.

Three testimonies are required. Each one should reflect a different aspect of the candidate's skills and knowledge pertinent to Hand Therapy.

Case Study Evidence

As previously stated, ONE long case study and ONE short case study, of a patient you have treated, are required.

Within each specialist field of Hand Therapy a different aspect should be presented e.g. if treating tendon injuries the long case study may be a flexor tendon and the short case study an extensor tendon injury but they must highlight different aspects of care.

The case study evidence required in the portfolio is expected to demonstrate the applicant's:

- Knowledge of the pathology and medical management of the hand and its functional application. It must also demonstrate the ability to describe relevant surgical options and their therapeutic implications if appropriate.
- Ability to describe the mechanics of deformity and their implications in the upper limb.
- Ability to summarise objective clinical findings and subjective patient information.
- Ability to identify treatment goals based on objective and subjective findings.
- Ability to discuss the common methods available to the therapist in the assessment and treatment of the hand.
- Ability to discuss the chosen intervention including evidence / rationale.
- Ability to discuss the complications that may result from surgery and the management of these complications if appropriate.
- Ability to use and apply clinical reasoning and evaluation of treatment and outcomes.
- Ability to respond to the needs of the individual patient as well as to the condition.
- Ability to utilise flexible and creative problem solving skills.
- Ability to reflect on any financial implications of providing this service.
- Ability to link assessment and treatment with the ICF. Information about the ICF available on: www.who.int/classifications/icf

Presentation of Case studies

One long and one short case study are required to provide evidence of meeting these criteria, related to a specialist aspect of Hand Therapy. Rather than being purely descriptive, these case studies must **demonstrate clinical reasoning and reflection on outcome and treatment choices made**. These aspects must be referenced as appropriate. They must conform to the length, general content and structure/detailed content indicated below. It is expected that the long case study will demonstrate the candidate's ability to draw on more referenced evidence and critically review their practice.

Length long-case study 2,000 to 2,500 words
 Length short-case study 1,000 to 1,500 words

The word count must not exceed the prescribed length by more than 10%.

The word count should not include front cover, content list, reference list, appendices or tables.

The case studies should

- Be professionally presented on numbered pages preceded by a list of contents
- Provide a cover page stating name of the applicant and the subject to be covered.
- Include a reference list at the end. References must conform to the Vancouver system as found in the Hand Therapy journal.
- Include an appendix at the end if required (may only be appropriate for long case study).

Notes and/or lists may be used to summarise information where appropriate but care must be taken to avoid ambiguity. All passages of continuous prose must be presented in normal sentences.

The organisation of the case studies should follow the headings given below;

- Demographic outline and referral route and reasons;
- Relevant personal, family, social, medical and drug history;
- Diagnosis of primary condition;
- Assessment methods and results (including evaluation of tools used);
- Priorities for considering problems identified, with justification;
- Goals, therapeutic aims and objectives related to each problem;
- Selection, analysis and application of activities within client's programme;
- The interdisciplinary liaison(s) and collaboration(s) recommended;
- Reassessment/ progress report(s) with reflection.
- Grading and modification of activities in response to progress and reflections /evaluations;
- A summary, which should include evaluation of intervention and activities, reflecting the total context of the case and the future needs of the patient.

The case study should cover the following, as applicable,

- Impairments in function and limitations in activities (based on ICF) due to the condition and/or secondary problems;
- Medical interventions/management used;
- Surgical interventions/management used;
- Complications and their management.
- Disability management (based on ICF)

Criteria used for marking Portfolio sections

The next section will show the marking criteria used to evaluate each section of the portfolio. A level of 60% pass for each section must be obtained to achieve an overall pass mark.

Criteria used for marking Portfolio sections ~ the extended Curriculum Vitae

Name of Candidate:

	PASS criteria	RETURN for revision criteria	Comments	Pass ?
Professional experience	Years of experience in each post stated. Minimum 5 years clinical experience including 4000 hours Hand Therapy clinical practice.	Inconsistent statements regarding years in posts and clinical hours.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Previous appointments, location of work with responsibilities identified and description of development as a Hand Therapist.	Previous appointments, location of work listed. Limited description of work responsibilities with little evidence of reflection.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Clear description of present post including clinical, educational and managerial responsibilities and roles. Evidence of reflection on roles.	Description of present post including clinical, educational and managerial responsibilities and roles is unclear or incomplete. Little evidence of reflection on roles.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Courses / Qualifications pertinent to Hand Therapy	Professional qualification(s) with date and place included. Evidence of National Qualification and membership of National Society Evidence complete in appendix.	Evidence included in the appendix. Incomplete detail of Professional qualification(s) with inconsistency of date(s) and place(s). Inadequate evidence in the appendix.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Short courses, with subject/field and date(s) attended within the last approximately 5 years logically listed. Certificates, programmes etc. are included in the appendix with a short statement of learning outcome.	Short courses, with subject/field and date(s) attended are not logically listed and/or go beyond the last 5 years. Certificates, programmes etc. are absent and/or learning outcomes.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Contribution to the field of Hand Therapy	The personal statement by applicant demonstrates commitment to the field of Hand Therapy. Possible evidence may be: <ul style="list-style-type: none"> • research studies, clinical audit and or development of treatment modalities / guidelines / patient leaflets • if published or presented at conferences evidence is in appendix Demonstration of learning from the above found.	The personal statement is more descriptive than reflective and shows limited contribution to the field of Hand Therapy. Where evidence is presented little or no learning is identified.		<input type="checkbox"/> Yes <input type="checkbox"/> No

	PASS criteria	RETURN for revision criteria	Comments	Pass ?
Management Skills	Examples of a least 2 of the following are included: There is clear evidence of:	Only one example found.		<input type="checkbox"/> Yes
	<ul style="list-style-type: none"> • experience in day to day management / organisation of personal case loads within the Hand Therapy services; • experience in supervising other staff e.g. students, support workers; • experience in evaluation and audit pertinent to Hand Therapy. Wherever possible further evidence of the above is included in the appendix section. Reflection of learning from the above.	Evidence of some managerial skills but these are not clearly presented. Little or no reflection of learning from the managerial aspects of the post(s) held.		<input type="checkbox"/> No
Promotion of specialism / sharing of expertise	Examples of at least 2 of the following are included:	Only one example found.		<input type="checkbox"/> Yes
	<ul style="list-style-type: none"> • In-service training planning; • involvement and/or teaching both within the workplace and outside; • organisation of outside speakers/courses. Reflections on learning from above clearly stated.	Little evidence of involvement in planning or teaching on courses related to Hand Therapy. OR If involvement is included there is little or no reflection on the learning gained from the experience.		<input type="checkbox"/> No
Written Statements / Testimony	Each testimony is provided by someone who is deemed able to judge the worth and quality of the applicant's work, experience and expertise. Where appropriate reference is made to observation of particular incidents.	The testimonies submitted are from a limited or inappropriate range of professions and do not provide evidence of a variety of experience and expertise Some testimonies are not on official letter headed notepaper or the origin of the testimony is in doubt.		<input type="checkbox"/> Yes
	Three testimonies are required. Each testimony is on official letter headed note paper and provides the name, position & title of the person who has compiled the testimony. It is signed and dated by that person. Each testimony reflects a different aspect of the candidate's skills and knowledge pertinent to Hand Therapy.	The testimonies are limited and repetitive in the evidence they provide.		<input type="checkbox"/> No



	PASS criteria	RETURN for revision criteria	Comments	Pass ?
Appendices	Logically presented and clear supporting documents are easily located in the appendix. Appendices to support the extended CV are clearly numbered and logically presented.	Disorganised presentation and items are not easily found in relation to main document. Not all appendices have heading/title. Limited use of appendices to support the CV. Appendices are not numbered.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of assessor:

Outcome marking CV: *Pass | Return | Fail*

Criteria used for marking Portfolio sections ~ Long Case study

Name of Candidate:

Long Case study	PASS criteria	RETURN for revision criteria	Comments	Marks
Presentation	Carefully and logically organised with numbered pages preceded by a list of contents. All passages of continuous prose are presented in a fluent style. Tables and/Figures are clearly labelled and included in the contents page	The case study is poorly presented with little or no attention to detail e.g. absent or inconsistent numbering. In sections of prose, at times, the meaning is unclear. Tables and/figures are not systematically labelled and not included in the contents.		___ / 2
	There is a cover page stating: name of the applicant and title of the case study.	Cover page is absent or is incomplete in required details.		___ / 2
Word count 2,000 - 2,500 words	Word count is stated and the work is within the word limit	Word count is not stated or is deemed to be inaccurate. Exceeds the word limit by more than 10%.		___ / 2
Referencing	Referencing is consistently accurate and follows the Vancouver System of referencing as used in the Hand Therapy journal.	Referencing is inconsistently and/or inaccurately applied and/or does not follow the Vancouver System of referencing.		___ / 2
Organisation	Clearly & logically written <ul style="list-style-type: none"> • Demographic outline and referral route & reasons. • Relevant personal, family, social, medical and drug history. • Diagnosis of primary condition. 	Insufficient information given which does not provide <ul style="list-style-type: none"> • An overview of the client. • OR • Too much detail is provided which is not relevant to the main reason for referral. Diagnosis is not clear		___ / 2
Assessment	Assessment methods and results (including evaluation of tools used) are appropriate for the case and clearly documented. Clear rationale & justification for methods used.	Assessment methods and results (including evaluation of tools used) are inappropriate for the case and / or not clearly documented. No rationale or justification for methods used		___ / 15

Long Case study	PASS criteria	RETURN for revision criteria	Comments	Marks
Goals / Aims	Discussion of problems/patient goals identified. Therapeutic aims and objectives related to each problem clearly identified and justified. Selection, analysis and application of interventions within patients programme. Interdisciplinary teamwork identified. The above are clearly written with demonstration of clinical reasoning through the possible choices. Clear link with ICF	Lack of critical thought / analysis in relation to the patient, the diagnosis and findings from the assessments which leads to inappropriate priorities, goals and interventions. No evidence of liaison with other disciplines relevant to the client or case. Little or no evidence of clinical reasoning or ICF link		___ / 15
	Reassessment/ progress report(s) with reflection are documented at the appropriate stage of treatment. Grading and modification of interventions in response to progress and reflections /evaluations.	Reassessment/ progress reports are absent or insufficiently presented. Interventions are modified at different stages but the rationale is not apparent. There is little or no evidence of reflection in this section.		___ / 15
	A summary, which includes evaluation of intervention and activities, reflecting the total context of the case and the future needs of the patient. Discussion on complications.	The summary is brief and lacks evaluation of the therapeutic intervention. The future plan is absent or does not address the patients needs and roles		___ / 15

Long Case study	PASS criteria	RETURN for revision criteria	Comments	Marks
Clinical aspects assessed under the following points	Knowledge of the pathology and medical management of the hand and its functional application. AND / OR Ability to describe relevant surgical options and their therapeutic implications if appropriate.	Little or no evidence of knowledge relevant to medical or surgical management.		___ / 3
	Ability to describe the mechanics of impairments in function and implications for activities and participation.	Little or no evidence of ability re: mechanics of impairments in function and implications for activities and participation.		___ / 3
	Ability to discuss the common methods available to the therapist in the assessment and treatment of the hand.	Little or no evidence of ability re: assessment and treatment.		___ / 3
	Ability to discuss the chosen intervention including evidence / rationale;	Little or no evidence of ability re: evidence / rationale		___ / 3
	Ability to discuss the complications that may result from surgery and the management of these complications if appropriate.	Little or no evidence of ability re: complications		___ / 3
	Ability to use and apply critical reflection and evaluation of treatment and outcomes.	Little or no evidence of ability re: critical reflection and evaluation of treatment and outcomes.		___ / 3
	Ability to respond to the needs of the individual patient as well as to the condition.	Little or no evidence of ability re: responding to the needs of the individual patient as well as to the condition.		___ / 3
	Ability to utilise flexible and creative problem solving skills;	Little or no evidence of ability re: flexible and creative problem solving skills.		___ / 3



Long Case study	PASS criteria	RETURN for revision criteria	Comments	Marks
	Ability to illustrate any financial implications of providing this service or treatment	Little or no evidence of ability re: the financial implications of providing this service or treatment.		___ / 3
Appendix <i>It is expected that there will be appendices for the long case study.</i>	Appendices are clearly numbered and logically presented to support the case study.	Limited use of appendices to support the case study. OR Over reliance on appendices to include essential information which was integral to the text. Appendices are not numbered.		___ / 3

Name of assessor:

Mark for Long Case study
Need to achieve 60%

___ / 100

Criteria used for marking Portfolio sections ~ Short Case study

Name of Candidate:

Short Case study	PASS criteria	RETURN for revision criteria	Comments	Marks
Presentation	Carefully and logically organised with numbered pages preceded by a list of contents. All passages of continuous prose are presented in a fluent style. Tables and/Figures are clearly labelled and included in the contents page.	The case study is poorly presented with little or no attention to detail e.g. absent or inconsistent numbering. In sections of prose, at times, the meaning is unclear. Tables and/figures are not systematically labelled and not included in the contents.		___ / 2
	There is a cover page stating: name of the applicant and title of the case study.	Cover page is absent or is incomplete in required details.		___ / 2
Word count 1,000 - 1,500 words	Word count is stated and the work is within the word limit.	Word count is not stated or is deemed to be inaccurate. Exceeds the word limit by more than 10%.		___ / 2
Referencing	Referencing is consistently accurate and follows the Vancouver System of referencing.	Referencing is inconsistently and/or inaccurately applied and/or does not follow the Vancouver System of referencing.		___ / 2
Organisation	Clearly & logically written • Demographic outline and referral route & reasons. • Relevant personal, family, social, medical and drug history. • Diagnosis of primary condition.	• Insufficient information given which does not provide an overview of the client. • OR • Too much detail is provided which is not relevant to the main reason for referral. Diagnosis is not clearly presented.		___ / 2

Short Case study	PASS criteria	RETURN for revision criteria	Comments	Marks
Assessment	<p>Assessment methods and results (including evaluation of tools used) are appropriate for the case and clearly documented.</p> <p>Clear rationale & justification for methods used.</p>	<p>Assessment methods and results (including evaluation of tools used) are inappropriate for the case and / or not clearly documented.</p> <p>No rationale or justification for methods used.</p>		___ / 15
Goals / Aims	<p>Discussion of problems/patient goals identified.</p> <p>Therapeutic aims and objectives related to each problem clearly identified and justified.</p> <p>Selection, analysis and application of interventions within patients programme.</p> <p>Interdisciplinary teamwork identified.</p> <p>The above are clearly written with demonstration of clinical reasoning through the possible choices.</p> <p>Clear link with ICF.</p>	<p>Lack of critical thought / analysis in relation to the patient, the diagnosis and findings from the assessments which leads to inappropriate priorities, goals and interventions.</p> <p>No evidence of liaison with other disciplines relevant to the client or case.</p> <p>Little or no evidence of clinical reasoning or ICF link.</p>		___ / 15
	<p>Reassessment/ progress report(s) with reflection are documented at the appropriate stage of treatment.</p> <p>Grading and modification of interventions in response to progress and reflections /evaluations.</p>	<p>Reassessment/ progress reports are absent or insufficiently presented.</p> <p>Interventions are modified at different stages but the rationale is not apparent.</p> <p>There is little or no evidence of reflection in this section.</p>		___ / 15
	<p>A summary, which includes evaluation of intervention and activities, reflecting the total context of the case and the future needs of the patient.</p> <p>Discussion on complications.</p>	<p>The summary is brief and lacks evaluation of the therapeutic intervention.</p> <p>The future plan is absent or does not address the patients needs and roles.</p>		___ / 15

Short Case study	PASS criteria	RETURN for revision criteria	Comments	Marks
Clinical aspects assessed under the following points	Knowledge of the pathology and medical management of the hand and its functional application. AND / OR Ability to describe relevant surgical options and their therapeutic implications if appropriate.	Little or no evidence of knowledge relevant to medical or surgical management.		___ / 3
	Ability to describe the mechanics of impairments in function and implications for activities and participation.	Little or no evidence of ability re: mechanics of impairments and implications for activities and participation.		___ / 3
	Ability to discuss the common methods available to the therapist in the assessment and treatment of the hand.	Little or no evidence of ability re: assessment and treatment.		___ / 3
	Ability to discuss the chosen intervention including evidence / rationale;	Little or no evidence of ability re: evidence / rationale		___ / 3
	Ability to discuss the complications that may result from surgery and the management of these complications if appropriate.	Little or no evidence of ability re: complications		___ / 3
	Ability to use and apply critical reflection and evaluation of treatment and outcomes.	Little or no evidence of ability re: critical reflection and evaluation of treatment and outcomes.		___ / 3
	Ability to respond to the needs of the individual patient as well as to the condition.	Little or no evidence of ability re: responding to the needs of the individual patient as well as to the condition.		___ / 3
	Ability to utilise flexible and creative problem solving skills;	Little or no evidence of ability re: flexible and creative problem solving skills.		___ / 3



Short Case study	PASS criteria	RETURN for revision criteria	Comments	Marks
	Ability to illustrate any financial implications of providing this service or treatment	Little or no evidence of ability re: the financial implications of providing this service or treatment.		___ / 3
Appendix <i>It is expected that there will be appendices for the long case study.</i>	Appendices are clearly numbered and logically presented to support the case study.	Limited use of appendices to support the case study. OR Over reliance on appendices to include essential information which was integral to the main text i.e. to fulfill the word limit. Appendices are not numbered or logically presented.		___ / 3
Name of assessor:			Mark for Short Case study Need to achieve 60%	___ / 100

Overall outcome of marking Portfolio sections



Name of Candidate:

Portfolio section	Mark	Outcome
Portfolio presentation (lay-out, organisation, etc.)		Pass Return Fail
Extendend Curriculum Vitae		Pass Return Fail
Long Case Study	___ / 100	Pass Return Fail
Short Case Study	___ / 100	Pass Return Fail
Overall general comments on whole portfolio		
Anonymous feedback for candidate		
Overall outcome		Pass Return Fail

Date of assessment: